

Overview of Current State Initiatives

Community Dialogue about Next Steps



Our Purpose This Afternoon

- **Earlier today, we heard a framework for how to improve our health care system. Now, let's discuss what the state is currently working on in key areas:**
 - Information Technology
 - Transparency / Purchasing for Quality
 - Evidence Based Purchasing
 - Effective Chronic Care
 - Prevention & Wellness

- **Then, a community dialogue to hear your perspective and suggestions for next steps.**

Requirements for SSB 5064 Health IT & EMR Bill

- With the Health Information Infrastructure Advisory Board (HIIAB), develop strategy for adoption & use of EMRs and Health IT consistent with national standards & promote inter-operability.
- **Strategy must:**
 - Be informed by research, best practices
 - Encourage greater adoption of EMR and HIT that reduces medical errors & enable patients to make better decisions
 - Promote standards & systems compatible with current adopters of EMR in the state
- ID implementation obstacles, recommend policies to remove them & strategies for state health purchasing & incentives
- Advises Legislature/Executive branches on HealthIT infrastructure
- With the Board ensure strategy complies with state/federal laws
- **Deliverables due December 2005 & 2006**
- **Web site:** <http://www.hca.wa.gov/hit/>

Major Barriers to Implementing a Solution

- Who pays?
- “First mover” disadvantage free rider
- Misaligned incentives benefits
- Lack of consensus on need for action
- Competing priorities
- Consumer indifference
- Commitment requires long-term sustained effort
- Who does this?
- Lack of standards/certification
- Changing technology
- Saturated market place
- HIPAA fears and misperceptions
- Legal obstacles
- High profile failures
- Few models of success
- Lack of examples of “modular adoption”

Building Block / Components of the Solution

- Partnership ventures (public-private) for model development and pilot projects
- Pay for Performance
- Provider Incentives
- Infrastructure partnerships/assistance
- Consumer incentives

Community Question:
Information Technology

What can the State do to foster the use of information technology in the health care system?

Quality & Efficiency Transparency

Why?

Quality and efficiency improvement by creating market sensitivity to provider performance.

How?

Offer consumers and purchasers reliable data on provider quality and efficiency to:

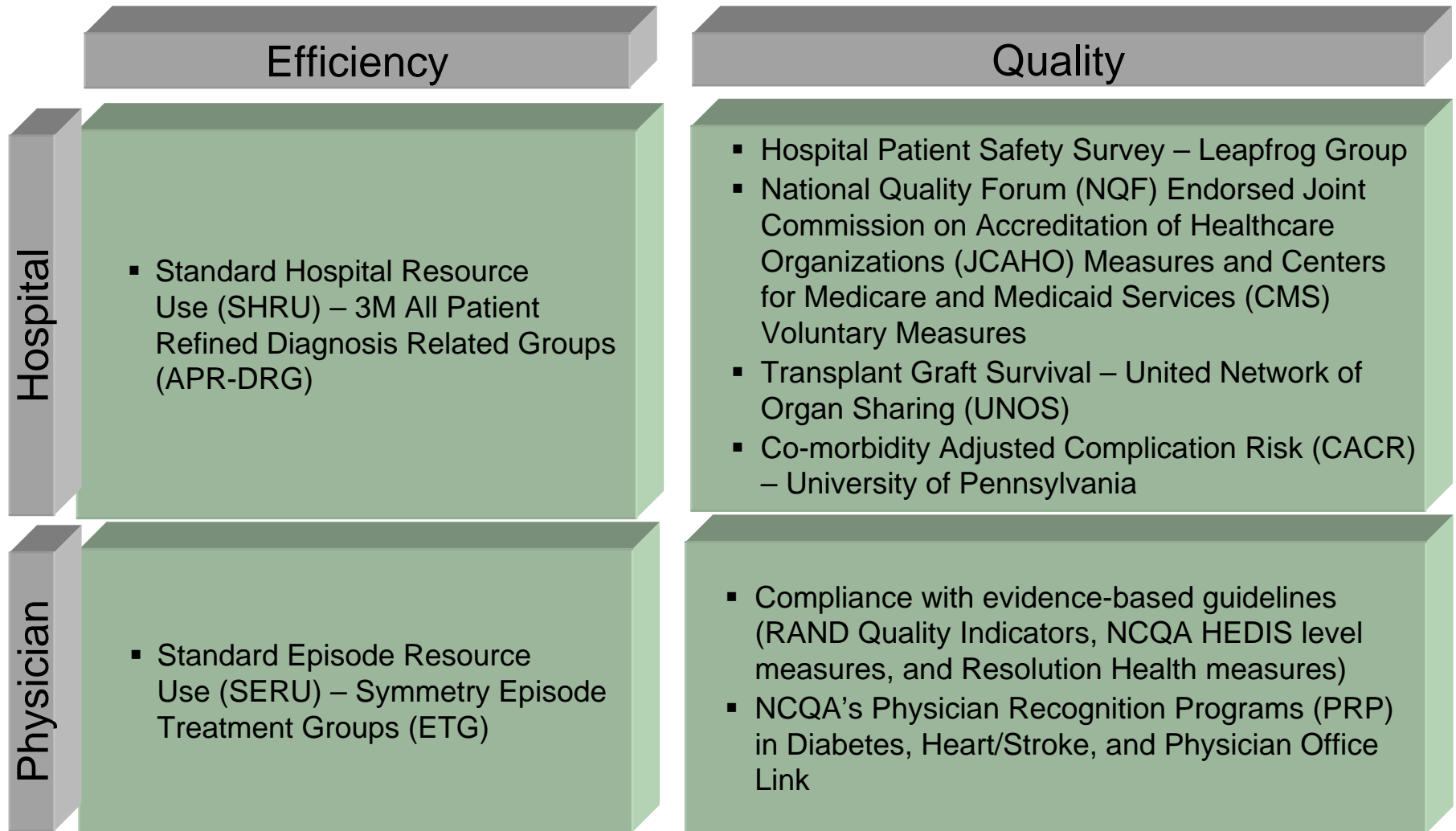
- Stimulate consumers to seek out more efficient providers.
- Create tiered networks to reward high quality and efficient providers.

How do we build it?

- Develop standardized provider quality and efficiency measures.
- Partner with other purchasers and insurers to collect and aggregate provider level data.
- Establish regional and specialty provider benchmarks.
- Measure provider performance against established benchmarks and share results with providers, insurers, and consumers to use in:
 - Network design.
 - Quality improvement efforts/pay for performance incentives.
 - Provider selection by consumers.
 - Creation of a provider business case for investment in health information technologies.

Quality & Efficiency Transparency

An Effort Underway: Care Focused Purchasing



First Steps

- Begin Communication Process with Stakeholders.
- Define Success.
- Evaluate Available Data Analysis Tools.
- Explore Opportunities to Partner with Other Entities to Collect & Analyze Data.
- Establish Quality and Efficiency Measures.
- Communicate Short & Long-Term Expectations to Contractors.
- Begin Data Collection Efforts.

Community Question:

Quality & Efficiency Transparency

When we purchase a car, we have information on quality, efficiency, and reliability.

How do we get equivalent information in the hands of consumers & payors? What kind of quality & efficiency information should be available?

Centralized Evidence-Based Medicine System (CEBMS)

What?

Formal systematic process to identify safe, effective, and appropriate health care technologies across all state health care purchasing agencies.

Why?

Will produce scientifically based, clinically valid, transparent, and more consistent coverage decisions.

When?

Goal to start in July 2006.

Centralized Evidence-Based Medicine System

CEBMS Components

- Explicit criteria to prioritize and identify health technologies for review (procedures, devices, tests, equipment, off-label drugs)



- Systematic review of best available scientific evidence by an independent evidence-based practice entity (e.g., a University, health technology group)



- Translation and validation by a Statewide Clinical Advisory Committee



- Recommendations for coverage and development of clinical guidelines for appropriate application of covered technologies

Centralized Evidence-Based Medicine System

CEBMS Examples

Drugs

- Opioids for chronic
- Non-cancer pain

Proven Effectiveness

Yes, but deaths continue from accidental overdose

Potential CEBMS Goal

Opioid dosing guidelines

- Neurontin

Yes for nerve pain and some mental illness

Guideline for appropriate use

Devices

- Vagal nerve
- Stimulation

Yes for intractable epilepsy but questions remain for depression treatment

Guideline for appropriate use

- Artificial disc

FDA approval, CMS considering non-coverage

Stay tuned

Procedures

- Bariatric surgery

Yes for limited populations in skilled centers

Guideline for appropriate use

Community Question:

Evidence-Based Medicine

The State is interested in providing better access and better health coverage for its citizens by covering health technologies that improve health outcomes & demonstrate safety. This may be in conflict with traditional provider autonomy.

Is there a way to bring these competing interests closer together?

Who are the most vulnerable, the most in need of effective chronic care?

- 5% have most of the claim activity
 - Medicaid – 5% spend 42% (\$1.2 Billion)
 - UMP – 5% spend 45% (\$153 Million)
- 60% female & 40% male
- Most are 35-64 years old
- Their health services cross all agencies (employed & disabled)
- They have common health risks:
 - Cardiovascular, muscular and cancers
 - 60% are on narcotics and antidepressants
 - Their co-morbid conditions make all interventions difficult

Getting Started

- **Defining the issues**
 - Find common risks between Medicaid and state employee populations
 - Develop common tools to measure and predict risk
 - Develop care management strategies for interventions

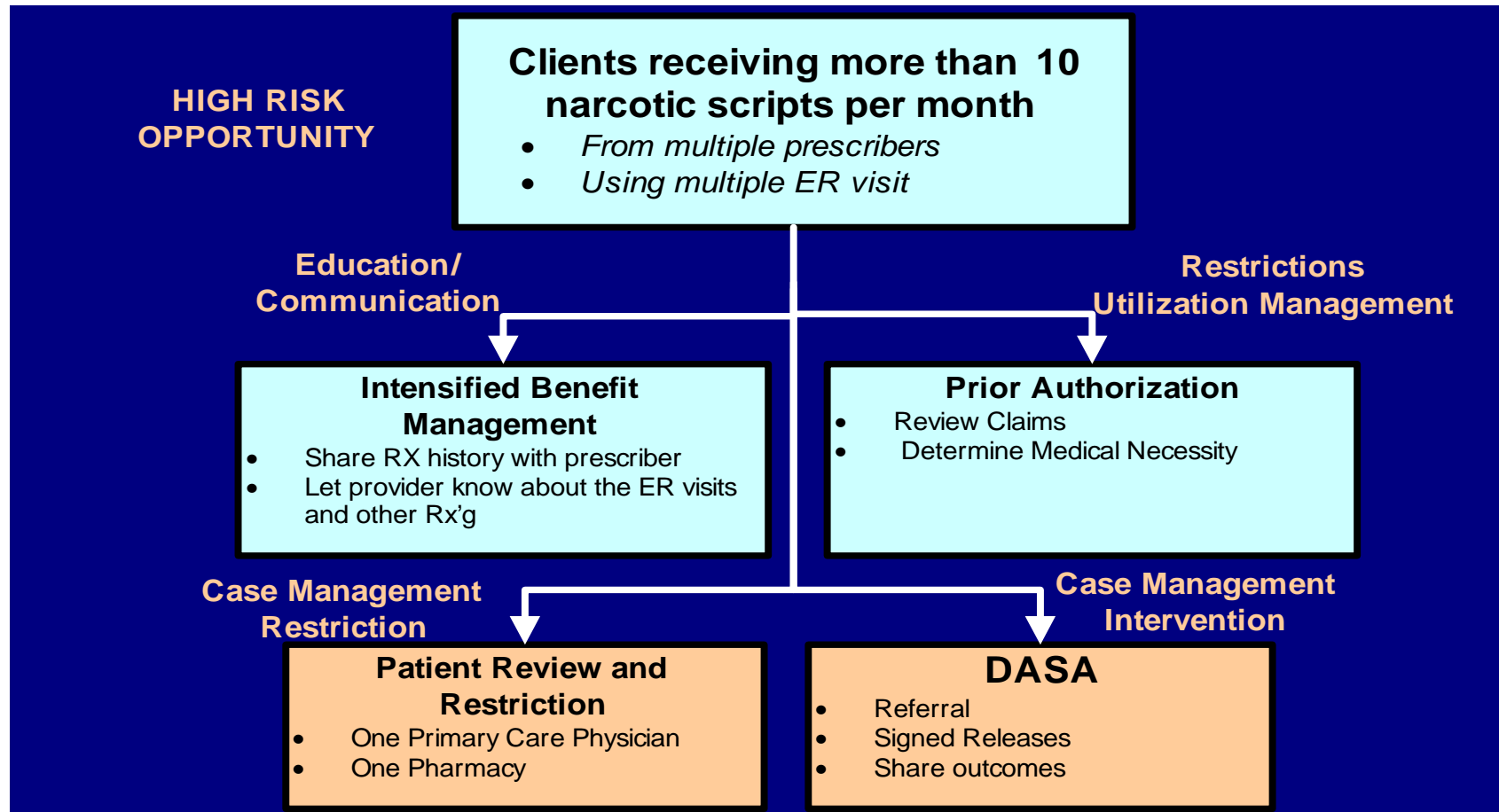
- **Recognize that efforts will also identify unique risks and intervention needs – still a *good* outcome**
 - Find common risks

Washington's Experience

- **Agencies have some risk prediction tools and are identifying common issues within groups.**
 - Workgroups set up to look into care coordination
 - Workgroups identifying and benchmarking proven prevention and disease management strategies for vulnerable populations

- **Challenges are:**
 - Getting useful data into the field
 - Coordinating activities with a high degree of known success
 - Understanding how to deal with complex co-morbid conditions
 - Developing the feedback loops to measure success (i.e., clinical, ROI)

High-risk vulnerable population

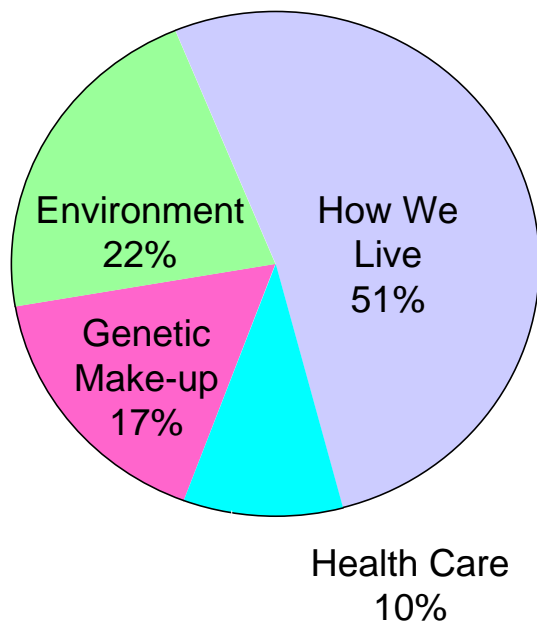


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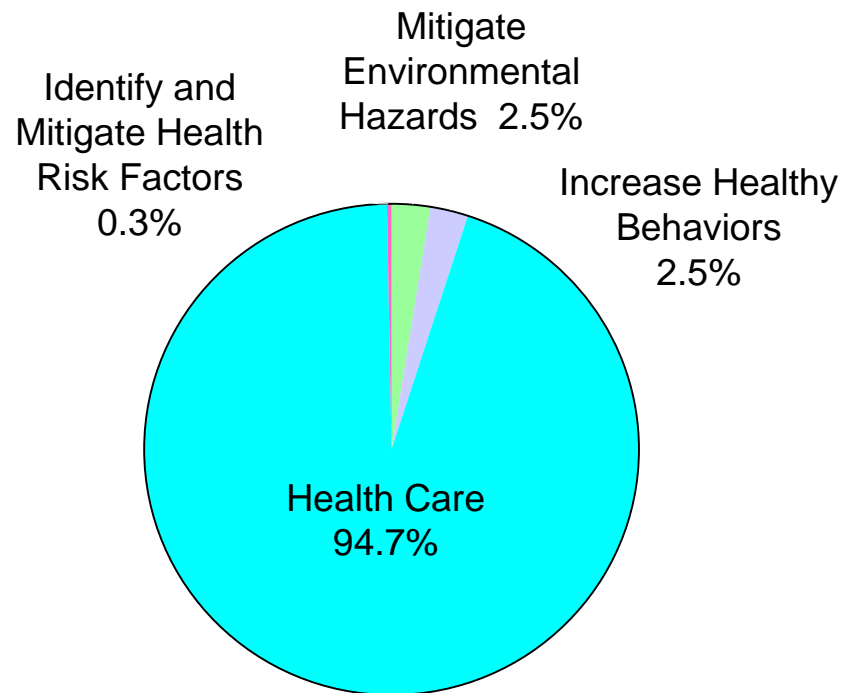
Effective Chronic Care

How can we balance the tension between quality and cost for patient populations that account for approximately 50% of medical resources?

What Influences Our Health



Source: McGinnis et.al 2002



How We Spend Money

Priorities of Government II Summer 2004

The Prevention Payoff

- **Prevention: proven, low tech, cheap, and achievable.**
- **Increasing healthy behaviors is key to reducing ever-increasing health care costs.**
- **We are reaching for what's possible and want to do more of it:**
 - In the environment,
 - In our communities,
 - At school,
 - At work,
 - And with individual behavior.

Washington as an Employer: Practicing What We Preach

- **Highest level of leadership**
- **The workplace: healthy choices, easy choices**
- **Employee health & productivity initiative:**
 - Who – employees, dependents, retirees
 - What – information, benefits, policy
 - How – a program and incentives

Washington as an Employer: Practicing What We Preach

- **Employee health & productivity program:**
 - Management support, team implementation
 - Data driven disease management and health promotion initiatives
 - Carefully crafted operating plan: broad scope, appropriate incentives
- **Evaluation – what works and what doesn't**
- **Focus on positive return on investment (ROI)**

Community Question:

Prevention & Wellness

What is reasonable to expect employers to do in their efforts to impact the health of their employees?

Should employers be more proactive in improving the health of their employees?
And if so, how?

Community Question:

General Feedback

We've heard many suggestions about how to improve the health care system.

How do they resonate with you?

What general feedback would you like the Governor to hear?

Community Dialogue – Breakout Sessions

